

CITY OF LA SALLE  
YEAR: 2005  
**RESIDENTIAL RENTAL PROPERTY INSPECTION DEPARTMENT**  
745 2<sup>nd</sup> Street  
LASALLE, IL 61301  
(815)223-2980  
**CERTIFICATE OF OCCUPANCY EXEMPTION FORM**

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First Floor Address OR Side One Address: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of Head of Household to Property Owner: \_\_\_\_\_

| Names of <u>ALL</u> Occupants | Age   | Social Security Number<br>(Tax Purposes Only) | Relationship to<br>Head of Household |
|-------------------------------|-------|---|--------------------------------------|
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |

Second Floor Address OR Side Two Address: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of Head of Household to Property Owner: \_\_\_\_\_

| Names of <u>ALL</u> Occupants | Age   | Social Security Number<br>(Tax Purposes Only) | Relationship to<br>Head of Household |
|-------------------------------|-------|---|--------------------------------------|
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |
| _____                         | _____ | _____   | _____                                |

Name (Owner/Agent) \_\_\_\_\_

(PLEASE PRINT)

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I affirm that the above dwelling units are not being used for rental purposes and there are no tenants residing herein. I further understand and agree that if I determine to change the occupancy status and to rent such dwelling, either in whole or in part, I am required to immediately notify the City and obtain a Certificate of Occupancy. The information provided herein is true, correct, and complete to the best of my knowledge, and I understand that any false statement or use of this property as a rental without a Certificate of Occupancy could result in criminal prosecution.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Rev. 4/05

Online Form RRPE1.0